

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

11

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		240493.94
(b) Cash on Hand at Beginning of Reporting Period	264971.79	
(c) Total Receipts (from Line 19)	41000.00	608950.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305971.79	849443.94
7. Total Disbursements (from Line 31)	63032.86	606505.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	242938.93	242938.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2500.00	54450.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2500.00	54450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	38500.00	539500.00
(c) Other Political Committees (such as PACs)	41000.00	593950.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	5000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41000.00	608950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41000.00	608950.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	25482.86	277295.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	25482.86	277295.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	323859.07
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5050.00	5350.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63032.86	606505.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	63032.86	606505.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	41000.00	593950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41000.00	593950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25482.86	277295.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25482.86	277295.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. American Hospital Association PAC

Mailing Address 325 7th St NW

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C616

Amount of Each Receipt this Period

1500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield PAC

Mailing Address 1310 G St NW

City

Washington

State

DC

Zip Code

20005-3000

FEC ID number of contributing
federal political committee.

C C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C621

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. Enterprise Rent-A- Car Company PAC

Mailing Address 600 Corporate Park Dr

City

Saint Louis

State

MO

Zip Code

63105-4204

FEC ID number of contributing
federal political committee.

C C00219642

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C620

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Fannie Mae PAC
Mailing Address 3900 Wisconsin Ave NW

City State Zip Code
Washington DC 20016-2806

FEC ID number of contributing
federal political committee. **C** C00393520

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C619

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Dr
Suite 300

City State Zip Code
Arlington VA 22202-4135

FEC ID number of contributing
federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 71119.C625

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Microsoft Corporation PAC
Mailing Address 1401 I St NW Ste 500
Suite 500

City State Zip Code
Washington DC 20005-2214

FEC ID number of contributing
federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 71016.C614

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Natl Assoc of Chain Drug Stores PAC

Mailing Address 413 N Lee St

City State Zip Code
 Alexandria VA 22314-2301

FEC ID number of contributing
federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 71119.C624

Amount of Each Receipt this Period

2000.00

Receipt

B. Full Name (Last, First, Middle Initial)

TargetCitizens Political Forum

Mailing Address 1200 19th St NW
 7th Floor

City State Zip Code
 Washington DC 20036-2430

FEC ID number of contributing
federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 71031.C623

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Time Warner PAC

Mailing Address 800 Connecticut Ave NW
 Suite 1200

City State Zip Code
 Washington DC 20006-2740

FEC ID number of contributing
federal political committee. **C** C00431551

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C615

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

US Bankcorp PAC

Mailing Address 800 Nicollet Mall
BC-MN-H210

City State Zip Code
Minneapolis MN 55402-7000

FEC ID number of contributing
federal political committee.

C C00018036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71031.C622

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)

Wine & Spirits Wholesalers America PAC

Mailing Address 805 15th St NW Ste 430

City State Zip Code
Washington DC 20005-2273

FEC ID number of contributing
federal political committee.

C C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C618

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

38500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Karen Smith

Mailing Address 1401 K St NW
12th Floor

City State Zip Code
Washington DC 20005-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 71031.C617

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Comcast Full Name (Last, First, Middle Initial) Mailing Address PO Box 3005 City Southeastern State PA Zip Code 19398-3005 Purpose of Disbursement PAC INTERNET EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1087 Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 46.42 PAC INTERNET EXPENSE
B. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1063 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 37.78 PAC SHIPPING EXPENSE
C. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1081 Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 18.89 PAC SHIPPING EXPENSE
SUBTOTAL of Disbursements This Page (optional)		103.09
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC SHIPPING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1119

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

65.41

PAC SHIPPING EXPENSE

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC SHIPPING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1118

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

29.18

PAC SHIPPING EXPENSE

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC SHIPPING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1121

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

20.63

PAC SHIPPING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

115.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1071 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 407.27 CREDIT CARD CHARGES: SEE BELOW
B. SCI*Stamps.com Full Name (Last, First, Middle Initial) Mailing Address 12959 Coral Tree Pl City Los Angeles State CA Zip Code 90066-7020 Purpose of Disbursement PAC POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1074 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 31.98 [MEMO ITEM] MEMO: PAC POSTAGE
C. Hilton Minneapolis Full Name (Last, First, Middle Initial) Mailing Address 1001 Marquette Ave City Minneapolis State MN Zip Code 55403-2418 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1073 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 259.12 [MEMO ITEM] MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)

407.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement SEE BELOW:NO ITEMIZATION NECESSARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1066 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 122.98 SEE BELOW:NO ITEMIZATION NECESSARY
B. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1075 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 421.04 CREDIT CARD CHARGES: SEE BELOW
C. Washington Post Full Name (Last, First, Middle Initial) Mailing Address 1150 15th St NW City Washington State DC Zip Code 20071-0001 Purpose of Disbursement PAC SUBSCRIPTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71016.E1078 Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 30.46 [MEMO ITEM] MEMO: PAC SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional)

544.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Belga Cafe

Mailing Address 514 8th St SE

City
Washington

State
DC

Zip Code
20003-2834

Purpose of Disbursement
PAC MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1076

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

92.19

[MEMO ITEM]

MEMO: PAC MEETING EXPENSE

Full Name (Last, First, Middle Initial)

B. Midwest Express

Mailing Address 6744 S Howell Ave

City
Oak Creek

State
WI

Zip Code
53154-1422

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1077

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

180.40

[MEMO ITEM]

MEMO: PAC TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 77042

City
Madison

State
WI

Zip Code
53707-1042

Purpose of Disbursement
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1109

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

716.58

CREDIT CARD CHARGES: SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

716.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 2135 E Independence St

City Springfield State MO Zip Code 65804-3749

Purpose of Disbursement
PAC OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1114

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

67.60

[MEMO ITEM]

MEMO: PAC OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. SCI*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1112

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

31.98

[MEMO ITEM]

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

C. Poste Brasserie Restaurant

Mailing Address 555 8th Street, NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
PAC FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1110

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

146.00

[MEMO ITEM]

MEMO: PAC FUNDRAISING EXP-
ENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 50 Massachusetts Ave NE City Washington State DC Zip Code 20002-4214 Purpose of Disbursement PAC TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1113 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 366.00 [MEMO ITEM] MEMO: PAC TRAVEL EXPENSE
B. Belga Cafe Full Name (Last, First, Middle Initial) Mailing Address 514 8th St SE City Washington State DC Zip Code 20003-2834 Purpose of Disbursement PAC MEETING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1111 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 45.00 [MEMO ITEM] MEMO: PAC MEETING EXPENSE
C. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1099 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 179.85 CREDIT CARD CHARGES: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ►

179.85

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Bistro Bis Full Name (Last, First, Middle Initial) Mailing Address 15 E St NW City Washington State DC Zip Code 20001-1501 Purpose of Disbursement PAC FUNDRAISING LUNCH Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1100 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 111.42 [MEMO ITEM] MEMO: PAC FUNDRAISING LUNCH
B. Four Seasons Hotel Full Name (Last, First, Middle Initial) Mailing Address 2800 Pennsylvania Ave NW City Washington State DC Zip Code 20007-3717 Purpose of Disbursement PAC MEETING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1102 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 27.65 [MEMO ITEM] MEMO: PAC MEETING EXPENSE
C. Johnnys Half Shell Full Name (Last, First, Middle Initial) Mailing Address 400 N Capitol St NW City Washington State DC Zip Code 20001-1511 Purpose of Disbursement PAC MEETING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1101 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 40.78 [MEMO ITEM] MEMO: PAC MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1103 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 6606.97 CREDIT CARD CHARGES: SEE BELOW
B. US Airways Full Name (Last, First, Middle Initial) Mailing Address 4000 E Sky Harbor Blvd City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement PAC AIRFARE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1105 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 4363.41 [MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
C. Sonoma Full Name (Last, First, Middle Initial) Mailing Address 223 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1107 Purpose of Disbursement PAC MEETING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71119.E1108 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 56.00 [MEMO ITEM] MEMO: PAC MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

6606.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Midwest Express

Mailing Address 6744 S Howell Ave

City State Zip Code
Oak Creek WI 53154-1422

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1106

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

385.91

[MEMO ITEM]

MEMO: PAC TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

B. Northwest Airlines

Mailing Address 5101 Northwest Drive

City State Zip Code
Saint Paul MN 55121-

Purpose of Disbursement
PAC AIRFARE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1104

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

689.80

[MEMO ITEM]

MEMO: PAC AIRFARE EXPENSE

Full Name (Last, First, Middle Initial)

C. GMD Technologies

Mailing Address 3210 S 28th St
Apt 302

City State Zip Code
Alexandria VA 22302-1326

Purpose of Disbursement
PAC TECHNOLOGY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1097

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

464.19

PAC TECHNOLOGY SERVICES

SUBTOTAL of Disbursements This Page (optional)

464.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Thompson Communications

Mailing Address P.O. Box 5

City
Marshfield

State
MO

Zip Code
65706-0005

Purpose of Disbursement
PAC STAFFING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1117

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

11226.71

PAC STAFFING SERVICES

Full Name (Last, First, Middle Initial)

B. Keri Ann Hayes

Mailing Address 202 11th St NE

City
Washington

State
DC

Zip Code
20002-6218

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1079

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

49.00

PAC TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Hooks Solutions

Mailing Address 525 6th St SE

City
Washington

State
DC

Zip Code
20003-2706

Purpose of Disbursement
PAC FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1064

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

PAC FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional)

12275.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Jay Perron

Mailing Address 1441 Constitution Ave NE

City Washington State DC Zip Code 20002-6421

Purpose of Disbursement
PAC TRAVEL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1065

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

95.00

PAC TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

B. Jay Perron

Mailing Address 1441 Constitution Ave NE

City Washington State DC Zip Code 20002-6421

Purpose of Disbursement
PAC TRAVEL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1096

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

120.00

PAC TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

C. Professional Data Services, Inc.

Mailing Address 337 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605-1083

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1120

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1500.00

COMPLIANCE CONSULTING

SUBTOTAL of Disbursements This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC TELEPHONE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71016.E1080

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

131.48

PAC TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial)

B. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC OFFICE RENT AND PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71119.E1098

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

2223.48

PAC OFFICE RENT AND PHONES

SUBTOTAL of Disbursements This Page (optional)

2354.96

TOTAL This Period (last page this line number only)

25482.86

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Gard for Congress

Mailing Address 1915 S Webster Ave Ste D

City
Green Bay

State
WI

Zip Code
54301-5200

Purpose of Disbursement

Candidate Name
JOHN G GARD

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 71016.E1085

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dean Andal for Congress

Mailing Address 7450 Shoreline Dr

City
Stockton

State
CA

Zip Code
95219-5454

Purpose of Disbursement
DEAN ANDAL HOUSE CA11

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1083

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

DEAN ANDAL HOUSE CA11

Full Name (Last, First, Middle Initial)

C. Committee to Elect David Capiello

Mailing Address PO Box 3198

City
Danbury

State
CT

Zip Code
06813-3198

Purpose of Disbursement
DAVID CAPIELLO HOUSE CT05

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71031.E1094

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

DAVID CAPIELLO HOUSE CT05

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Greenberg for Congress

Mailing Address PO Box 894

City
Mundelein

State
IL

Zip Code
60060-0894

Purpose of Disbursement
STEVEN GREENBERG HOUSE IL08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1084

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

STEVEN GREENBERG HOUSE IL-08

Full Name (Last, First, Middle Initial)

B. Ogonowski for Congress

Mailing Address PO Box 505

City
Dracut

State
MA

Zip Code
01826-0505

Purpose of Disbursement
JAMES OGONOWSKI HOUSE MA05

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71016.E1062

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

JAMES OGONOWSKI HOUSE MA05

Full Name (Last, First, Middle Initial)

C. Friends of Mike Sodrel

Mailing Address PO Box 1505

City
Jeffersonville

State
IN

Zip Code
47131-1505

Purpose of Disbursement

Candidate Name
MICHAEL E. SODREL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 9

Transaction ID: 71016.E1086

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Tuesday Group PAC

Mailing Address 209 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1107

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71119.E1095

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

32500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Free Congress Foundation

Mailing Address 717 2nd St NE

City
Washington

State
DC

Zip Code
20002-4307

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 71119.E1115

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00